

State of Washington Application for a Water Right FCOLOGY Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid 10

Date 22 July 05

FEE PAID 36/

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM Name FTGA Timberlands, LLC Home Tel:(Mailing Address 2987 Griffin Ave. Work Tel: (360) 802-5581 State <u>WA</u> Zip+4 98022 + FAX: (360) 825–3492 City Enumclaw Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION ☐ Same as above Name Julie Stangell Home Tel:(Mailing Address SAA Work Tel:() -State Zip+4 FAX:(Relationship to applicant Land Manager, Hancock Forest Management, senior forester Section 3. STATEMENT OF INTENT The applicant requests a permit to use not more than 100 223 (gallons per minute or □ cubic feet per second) from a □ surface water source or □ ground water source (check only one) for the purpose(s) of _not to exceed 5000 gallons per day for commercial forest management "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. Estimate a maximum annual quantity to be used in acre-feet per year: 0.05 acre feet per year Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed: From __/____ to ____/____ Section 4. WATER SOURCE If SURFACE WATER If GROUNDWATER A permit is desired for _____ well(s). Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Unnamed tributary Number of diversions: 1 Size & depth of well(s): Source flows into (name of body of water): Tolt River LOCATION Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: Diversion 1: 2320 feet east and 2620 feet south of NW corner section 10 If location of source is platted, complete 1/4 of 1/4 of Section Range(E/W) Township County below: Lot Block Subdivision SE NW 10 26N 09E King Priority Date: 7 For Ecology Use Date Received: SEPA: Exempt/Not Exempt WRIA: __Date Returned Date Accepted As Complete 7 By___

ECY 040-1-14 Rev. 7/97 * * f APPLICATION

Appl. No.: 51-28286

Sec	etion 5. GENERAL WATER SYSTEM INFORMATION				
A.	Name of system, if named: None				
B.	Briefly describe your proposed water system. (See instructions.)				
	Water will be drawn from at bridge or culvert using portable pump to fill a tank truck. Water will be used for vegetation control project to allow continued commercial forest management of property totaling more than 100,000 acres. Water will not be required from this source every year.				
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.				
	etion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)				
A.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.)				
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.				
Con	plete C. and D. only if the proposed water system will have fifteen or more connections.				
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.				
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.				
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)				
A.	Total number of acres to be irrigated:				
B.	List total number of acres for other specified agricultural uses:				
	Use Acres Use Acres Use Acres				
C.	Total number of acres to be covered by this application:				
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).				
	 Is the combined acreage greater than 6000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no: YES □ NO YES □ NO				
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking				

Sec	tion 8. WATER STORAGE		
Will y	ou be using a dam, dike, or other structure to retain or store water?		□ YES ™ NO
some p	: If you will be storing 10 acre-feet or more of water and/or if the water depth portion of the storage will be above grade, you must also apply for a reservoir ation from the Department of Ecology.		
Sect	tion 9. DRIVING DIRECTIONS		
Provid	de detailed driving instructions to the project site.		
Highw	vay 202 to Mill Pond Road to Mainline road to Gate 4. Please note a ke	ey and	permit are required for access.
Mainli	ine road approx 2.5 miles past Dry Creek Bridge		
Sect	tion 10. REQUIRED MAP		
A.	Attach a map of the project. (See instructions.)		
Sect	tion 11. PROPERTY OWNERSHIP		
Α.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide t	he nan	■YES □ NO ne(s) and address(es) of the owner(s):
В.	Does the applicant own the land on which the water source is located If no, submit a copy of agreement:	?	ØYES □ NO
to pro monit	ify that the information above is true and accurate to the best of my ocess my application, I grant staff from the Department of Ecology toring purposes. Even though I may have been assisted in the prepayees of the Department of Ecology, all responsibility for the accura	access aratio	to the site for inspection and nof the above application by the
	cant (or authorized representative) Date Same	е	22.05
Lando	owner for place of use (if same as applicant, write "same") Date	e	

number before answer.		
We are returning your application for the following reason(s):		
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	_ is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested above and (date).	return your app	plication by
(date).		
cology staff	Date	
cology is an Equal Opportunity and Affirmative Action em	ployer.	
o receive this document in alternative format, contact the V	Vater Resource	es Program at (360) 407-6604 (Voice

Use this page to continue your answers to any questions on the application. Please indicate section

APPLICATION

or (360) 407-6006 (TDD).

